



The Scholé Fellowship

A "RESTING" PLACE

2025-2026

Program Tuition and Information

The Scholé Fellowship

Is a 1st-12th Program

Dedicated to Families Homeschooling Classically

Notice: There is an Early Decision incentive. This is new for 2025-26.

- Register on or before March 31st (\$39.70/week for 34 weeks).....\$1350/yr
- Register after April 1st (\$44.12/week for 34 weeks).....\$1500/yr
- **Non-Refundable** Application Fee:
 - For *new* families w/one student.....\$150/yr*
 - For *returning* families w/one student.....\$100/yr*
 - For *new* families w/two or more students.....\$200/yr*
 - For *returning* families w/two or more students.....\$150/yr*

PAYMENT TERMS

- The full year's tuition will be paid in two installments:
 - The first installment is due with Registration.
 - The second installment is due at summer Orientation in July.
- **Please be aware before registering:** We are a small community and financial decisions are made early based on the number of registered students, therefore, **you are committing to paying tuition fully, no matter what, even if you make the decision to withdraw from TSF.**
- If a financial emergency arises which makes payment of fees on time impossible, a written statement with details of the problem and a proposal for payment should be submitted *prior* to the due date
- If checks are returned due to insufficient funds, there will be a \$30 fee

PLEASE NOTE

All enrolled 1st-11th students must commit to a full day in community each Friday. The option to select classes for a discounted tuition rate is not available for these levels. Families registering 12th grade students may discuss registration options with the director. Please be aware that in the case of a full class, priority acceptance will be given to families registering for all classes.



The Scholé Fellowship FAMILY APPLICATION

Father's Name _____ Mother's Name _____

Home Address _____

City _____ Zip _____

Father's Cell _____ Father's Email _____

Mother's Cell _____ Mother's Email _____

Emergency Contact (relation) _____ Phone _____

Medical Insurance or Medical Share Provider _____

Considering and Accommodating Special Needs

The Scholé Fellowship is a community of homeschooling parents. Because we only meet one day of the week, it is important to maintain a productive, efficient, and restful atmosphere in the classroom. We do not have the resources to accommodate all the needs of some students, but welcome those families looking to help us help their child. We believe this partnership is important to fellowship's hope that it's individual members would be free, strong, and mature. Parents desiring this partnership agree to the following statements:

- It is helpful for the director and beneficial for the student for the parent to communicate any special needs their child requires on the family application.
- The director will defer to the family application for student placement, but may reserve the right to recommend adjustments based on classroom observations and experience.
- It is necessary and appropriate for both age and ability to be considered in order to maintain a vibrant, efficient, and safe learning atmosphere in the classroom. Students must be capable of respecting and following community and classroom rules.
- Should a student require more personal attention or regular redirection, the parent will be expected to take on this role by being present in the classroom with the student at all times. This level of individual help is above and beyond director and mentor expectations.

Please initial that you have read and agree with these statements: _____

STUDENT INFORMATION (PLEASE LIST ALL STUDENTS)

Student's Name: _____

DOB: _____ Age: _____ Grade Entering: _____ Allergies: _____

Describe any learning challenges or special needs student has: _____

Student's Name: _____

DOB: _____ Age: _____ Grade Entering: _____ Allergies: _____

Describe any learning challenges or special needs student has: _____

Student's Name: _____

DOB: _____ Age: _____ Grade Entering: _____ Allergies: _____

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DOB: _____ Age: _____ Grade Entering: _____ Allergies: _____

Describe any learning challenges or special needs student has: _____

*If registering more than five students, please print extra copies of this page



The Scholé Fellowship FAMILY COVENANT

MISSION

The Scholé Fellowship is dedicated to the homeschooling family, enthusiastically *partnering with parents* for the intentional purposes of inspiring children to think critically, reason clearly, and communicate persuasively and eloquently, while simultaneously helping them to develop a strong Christian worldview.

STATEMENT OF FAITH

The Apostles' Creed expresses what we believe in these words: We believe in God the Father Almighty, Maker of heaven and earth; and in Jesus Christ his only Son our Lord, who was conceived by the Holy Spirit, born of the virgin Mary, suffered under Pontius Pilate, was crucified, died, and was buried. He descended into Hell. The third day he rose again from the dead. He ascended into heaven, and is seated at the right hand of God the Father Almighty; from there he will come to judge the living and the dead. We believe in the Holy Spirit, the holy catholic church, the communion of saints, the forgiveness of sins, the resurrection of the body, and the life everlasting.

PARENT COMMITMENT

As a supporting member of The Scholé Fellowship, a parent-founded community, I understand that *parent participation is essential to the overall wellness and success of this community*. The church is a body with many members, and each member has an important role to play for the good of the whole body (I Cor. 12:12). While it is not necessary for me to be on campus with my student(s) each week, I understand that serving in my community is a simple way for me to love my neighbor (Matthew 22:39) and a practical opportunity for me to model this virtue for my children.

I understand that The Scholé Fellowship is a community seeking to learn and grow together. I appreciate that accountability is one of the advantages and blessings of homeschooling within a community. Taking advantage of this built-in opportunity, I will model a love of learning for my children by committing to the director-assigned reading each semester. I agree that reading with other parents will help me to become an informed and inspired teacher and will help to give me a clear vision for my homeschooling efforts.

Please prayerfully consider the above Mission Statement, our Statement of Faith, and our Parent Commitments. **By signing this Covenant, you are stating that you share, agree with and to these disclosed statements, and your community will expect you to honor the commitment you have made.**

Signature _____ Date _____



The Scholé Fellowship

WAIVER OF LIABILITY, DISCLAIMER & PERMISSION

Please complete one form for each student you are registering with The Scholé Fellowship. These forms must accompany your Family Application before your application will be considered complete and ready for review.

We, the undersigned parents or legal guardians of _____

(Student's Name—hereby referred to as "Student")

hereby give permission for Student to participate in this Activity and all events associated with the Activity. In the event of an accident or illness (and after reasonable attempt has been made to reach us or if circumstances do not allow time to make such an attempt), we hereby authorize The Scholé Fellowship Corp., its authorized representatives, Director, employees, agents participating and/or supervising parents ("The Scholé Fellowship Corp.") to seek and to consent for medical treatment for Student. We hereby consent to any examination, x-ray, anesthetic, medical or surgical procedure, treatment and/or hospital care deemed advisable by a physician, surgeon or dentist. Any and all costs incurred for such medical treatment shall be our sole responsibility.

We hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to the decisions made while acting as our Agent in these respects during this activity.

We, the undersigned parents or legal guardians of Student, understand that Student's participation in The Scholé Fellowship Corp. is voluntary and we accept the inherent risks that may be associated with Student participating in this homeschool community such as but not limited to: playing on the playground, nature study, science experimentation and other learning activities Student will participate in during his/her community day. In exchange for permitting the voluntary participation of Student in its programs, we hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to any physical injury that may result to Student, while participating in a The Scholé Fellowship Corp. sponsored event, including, but not limited to, any physical injury by the negligence of any peer, or Academic Mentor or parent assistant while participating in or performing his/her duties during the meeting days of The Scholé Fellowship Corp.

We understand and acknowledge by signing below, that the Nature Study Activities may carry inherent risks that The Scholé Fellowship Corp. will have no control over, such as but not limited to exposure to bees, wasps, fire ants, poison ivy, snakes, and other wildlife that could cause injury to Student. We understand that Student's participation in nature walks is voluntary and we can decide at any time for Student not to participate. We accept the inherent risks and full responsibilities associated with this Activity and we hereby release, discharge, and hold harmless The Scholé Fellowship Corp. from any claims arising out of or relating to any physical injury that may result to Student, while participating in this Activity, including physical harm by the negligence of any peer, allergic reactions and, other unforeseen dangers.

Parents/Guardians agree to be responsible for any damages to the Church's property that are directly caused by any person in their family or persons of which they are legal or implied guardians.

_____ Student requires/carries special medication for life threatening situations. We understand that, in order to maintain Student's safety, **at least one of us will need to remain on campus for the entire community day, unless permission to drop off is given by the Director.** Without permission, we may not drop off Student because the Director, Academic Mentors and participating parents are unable to administer medications.

_____ Student has no known medical conditions that are life threatening or require special medications to be administered.

Signature _____ Date _____
(Parent or Legal Guardian)

Signature _____ Date _____
(Parent or Legal Guardian)

Signature _____ Date _____
(Witness for The Scholé Fellowship)

Describe your family's homeschooling experience.

If you are a new applicant, why are you looking for a homeschooling community or for a *new* homeschooling community?

What are your homeschooling goals? How do you see a community helping you to meet those goals?

We assume all membership applicants are excited about being involved and contributing in some capacity. As an active and vital member of a homeschooling community and taking into consideration your background, personal experiences, passions, and interests, where or how do you see yourself serving in The Scholé Fellowship community?

Which specific denomination(s) have you been a member of or are currently a member of? What church do you attend? How long?